

SHEA WOMEN'S CARE FINANCIAL POLICY

Authorizations - If your insurance requires a referral from your primary care physician (PCP) for ANY service, it is your responsibility to obtain this prior to your visit, or you will be responsible for payment in full prior to being treated.

Cash Patients – Payment for services are due at the time services are rendered. We do offer a 15% discount. We accept payment by VISA, MasterCard, cash, check or cashier check. Self-pay OB patients that can not pay in full up front have special contracts. Please speak with billing about these agreements.

Insured Patients – Co-pays are due at the time services are rendered. Coinsurance and deductible are collected at the time of service as well if the amount is known. Again, we accept VISA, MasterCard, cash, check or cashier check for your convenience. You are responsible for providing your most current insurance card and information at the time of your appointment. You are responsible for knowing if your policy covers the services being provided BEFORE you schedule them. For example, not all policies cover a well-woman exam. If we are not aware of this prior to providing the service, we will not submit a different diagnosis for your claim at a later date.

Remember, payment is always ultimately patient responsibility. We provide estimates and/or benefits based on information supplied by your insurance carrier. If your claim is not paid within 30 days, you may be held responsible for charges. Your insurance policy is a contract between you and your insurance company. As a courtesy, we file your claims for you. However, we will not become involved in disputes between you and your carrier. This includes, but is not limited to, deductibles, co-payments, any non-covered charges, “usual and customary” charges, as well as COBRA issues. We will supply information as necessary. We are not responsible for misquoted benefit information provided by your plan. Again, **you are ultimately responsible for the timely payment of your account.**

Returned Checks – Returned checks are subject to a \$25 fee. If a check is returned for any reason, you will need to provide a different form of payment for that service within 10 days and must also use an alternative method of payment for all future visits.

Statements / Payment Arrangements – After your insurance company processes your claim, you will receive a statement notifying you if any responsibility remains. All account balances are due in full within 30 days from statement date. Your account is delinquent after 31 days. Delinquent accounts may be turned over to a collection agency if attempts to collect the balance are unsuccessful. You may call our billing office to set up payment arrangements if necessary within the 30 days. Please understand that we are not a lending institution and can not commit to long term agreements. Again, self-pay (or cash) OB patients that can not pay in full on the service date have special contracts. Please speak with billing about these agreements.

Collections – In the event that a delinquent account is placed with an outside agency for collections, the responsible party hereby agrees to pay all costs associated with placement including, but not limited to, a 35% collection preparation and transfer fee. You understand and agree that the collection agency may contact you through any available technologies used by their business for communications, including pre-recorded or automated messages by telephone - at any telephone number associated with your account, including wireless telephone numbers.

Your signature below signifies that you have read each item above and understand your financial responsibility to this office and agree to abide by our policies defined above.

We appreciate the opportunity to provide medical services to you. Should you have any questions or concerns please contact us.

Signature of patient or responsible party

Date